FORM D UNITED STATES OMB APPROVAL ECURITIES AND EXCHANGE COMMISSION OMB Number: Washington, D.C. 20549 RECEIVED Expires: FORM D Estimated average burden hours per 2002 NOTICE OF SALE OF SECURITIES response.. PPRSUANT TO REGULATIO<u>N D</u> SEC USE ONLY SECTION 4(6), AND/OR ORM LIMITED OFFERING E Serial DATE RECEIVED 02044076 Name of Offering (check if this is an amendment and name has changed, and indicate change.) Silvertree Equity Partners I, L.P. Filing Under (Check box(es) that apply): ☐ Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Silvertree Equity Partners I, L.P. (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Executive Offices (925) 284-5317 One Sansome Street, Suite 2900, San Francisco, CA 94104 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City State, Zip Code) (if different from Executive Offices) Brief Description of Business PROCESSED **Investment Management** Type of Business Organization AUG 2 3 2002 corporation Ilmited partnership, already formed other (please specify): ☐ limited partnership, to be formed business trust Month Year THOMSON Actual Estimated Actual or Estimated date of Incorporation or Organization: 0 0 2 D E Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction **GENERAL INSTRUCTIONS** Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this for be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. (Only versely, failure to file the

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

filing of a federal notice.

		A. BASI	C IDENTIFICATION	DATA	
issuer;	suer, if the issuer having the power	has been organized wit to vote or dispose, or c	direct the vote or disposi		more of a class of equity securities of the
Each executive officer aEach general and management			corporate general and ma	anaging partners	s of partnership issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Silvertree Management	Group, LLC				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip	Code)		
One Sansome Street, Su	ite 2900, San Fi	rancisco, CA 94104			
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Gulbrandsen, James S.					
Business or Residence Address	ess (Number and S	Street, City, State, Zip	Code)		
One Sansome Street, Su	ite 2900, San Fi	rancisco, CA 94104			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip	Code)	•	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and :	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)	11.11	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and !	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and :	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		

						B. INFOR	RMATIO	N ABOUT	Γ OFFER	ING					
														Yes	No
1. Has	the issue	r sold, or	does the is	ssuer inter	id to sell, i	to non-acc	redited in	vestors in	this offerir	ng?	•••••			. 🔲	\boxtimes
					Answer	also in A	ppendix, (Column 2,	if filing u	nder ULO	Ē.				
2. Wha	at is the n	ninimum i	nvestmen	t that will	be accepte	ed from an	ıy individı	ual?						. \$ <u>1,00</u>	0,000
														Yes	No
3. Doe	es the offe	ring perm	iit joint ov	vnership o	fa single	unit?		••••						. 🖾	
simi asso deal	ilar remur ociated pe	neration for rson or ag re than fiv	or solicitat gent of a b e (5) pers	tion of pur roker or d	chasers in ealer regis	connection	on with sal	les of secu and/or wit	ven, direct rities in th h a state o oker or de	e offering. r states, lis	If a person the name	on to be lis e of the br	sted is an oker or		
Full Nan	ne (Last n	ame first,	if individ	ual)											
N/A															
Business	or Reside	ence Add	ress (Num	ber and St	reet, City	, State, Zip	Code)								
Name of	`Associate	ed Broker	or Dealer	•											
				olicited or											
(Check "														. 🗌 Al'	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nan	ne (Last n	ame first,	if individ	ual)											
Business	or Resid	ence Add	ress (Num	ber and S	treet, City	, State, Zip	Code)								
Name of	Associate	ed Broker	or Dealer	•											
States in	Which P	erson List	ed Has So	olicited or	Intends to	Solicit Pu	ırchasers								
(Check "	'All States	s" or chec	k individu	ıal States)								•••••		🔲 Al	l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nan	ne (Last n	ame first,	if individ	ual)											
Business	or Resid	ence Add	ress (Num	ber and S	treet, City	, State, Zi _į	code)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>u</u>	<u></u>
Name of	Associat	ed Broker	or Dealer	,							<u></u>		····		
States in	Which P	erson List	ed Has So	olicited or	Intends to	Solicit Pu	ırchasers								
(Check "	'All States	s" or chec	k individu	ual States)	•••••				•••••					🔲 Al	l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if an answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ 100,000,000	\$0
	Other (Specify:)		\$
	Total	\$ 100,000,000	\$0
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" is answer is "none" or "zero."		
	answer is none or zero.	Number	Aggregate
		Investors	Dollar Amount
			Of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Offering	Type of	Dollar Amount
	Rule 505	Security	Sold
	Regulation A		5
			\$
	Rule 504		\$
	Total	··	S <u>0</u>
4.	A. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be giver subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the to the left of the estimate.		
	Transfer Agent's Fees	S_	
	Printing and Engraving Costs		
	Legal Fees		15,000
	Accounting Fees		
	Engineering Fees	_	
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		
	Total		15,000
		····· <u>~</u>	

C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES	AND	USE OF PROCI	EEDS	
b. Enter the difference between the aggregate offering pr furnished in response to part C – Question 4.a. This difference				enses	\$_99,985,000
Indicate below the amount of the adjusted gross proceeds to t shown. If the amount for any purpose is not known, furnish a total of the payments listed must equal the adjusted gross pro above.	n estimate and check the box to the	left	of the estimate. Th	e	
			Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			\$	_ 🗆	\$
Purchase of real estate			\$		\$
Purchase, rental or leasing and installation of machinery	and equipment		\$		\$
Construction or leasing of plant buildings and facilities			\$	_ 🗆	\$
Acquisition of other businesses (including the value of s that may be used in exchange for the assets or securities merger)	of another issuer pursuant to a		\$	П	S
Repayment of indebtedness					\$
Working capital (and start-up expenses)			\$		\$
Other (specify): Purchase of Securities					
			\$	\boxtimes	\$ 99,985,000
Column Totals		_			\$ 99,985,000
Total Payments Listed (column totals added)		_	∑ \$ 99		
Total Taymento Essea (column totals added)			<u>⊿</u> ₹22	,,,,,,,	<u>00</u>
D. FEDERAL S	SIGNATURE				
he issuer has duly caused this notice to be signed by the undersig gnature constitutes an undertaking by the issuer to furnish to the aformation furnished by the issuer to any non-accredited investor	U.S. Securities and Exchange Con-	nmiss	ion, upon written		
ssuer (Print or Type)	Signature/	_	Dat	e	
ilvertree Equity Partners I, L.P.	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	_	Au	gust _	<u></u>
lame of Signer (Print or Type)	Title of Signer (Print or Type)		,		
ames S. Gulbrandsen	Manager of General Partner	r, Sil	vertree Manag	ement	Group, LLC

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			-
1.	Is any party described in 17 CFR 230.252 (c),	(d), (e) or (f) presently subject to any of the disqualific	cation provisions	Yes	No
	of such a rule?				\boxtimes
		See Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to fu Form D (17 CFR 239.500) at such times as req	rnish to any state administrator of any state in which th uired by state law.	is notice is filed, a	notice or	1
3.	The undersigned issuer hereby undertakes to fu issuer to offerees.	rnish to the state administrators, upon written request,	information furnisl	ned by the	•
4.		er is familiar with the conditions that must be satisfied to e in which this notice is filed and understands that the is lat these conditions have been satisfied.			
	issuer has read this notification and knows the coorized person.	ontents to be true and has duly caused this notice to be	signed on its behal	f by the t	indersigned duly
Issu	er (Print or Type)	Signature I	Date		
Nai	ne (Print or Type)	Title of Signer (Print or Type)			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

				t.	÷.			** **	
:	·			A	PPENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security offering price offered in state (Part C-Item 1)		Type of Amount pu (Part	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)			
State	Yes	No	Membership Units \$1,000,000 Per Unit	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA			4-		,				
СО									
СТ									
DE									
DC									
FL							-		
GA		-							
HI									
ID									
IL									
IN									
IA	· · · · · · · · · · · · · · · · · · ·								
KS									
KY									
LA									
ME									
MD				ļ					-
MA									
MI									
MN									
MS									
МО									
MT									
NE	· · · · · · · · · · · · · · · · · · ·								
NV		-							
NH									

	VIV.	- 4.00-		AI	PPENDIX	(4) (2) (4)		-	
1	non-accredited offering pri investors in State offered in st			2 3 4 to sell to Type of security credited offering price Type of investor and s in State offered in state Amount purchased in State					
State	Yes	No	Membership Units \$1,000,000 Per Unit	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	- Item 1) No
NJ									
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI			l .						
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

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